METHAMPHETAMINE

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THE DRUG

Methamphetamine (also known as meth, crank, speed, crystal, ice, chalk, fire, drag, and glass) is a highly addictive drug that over stimulates the central nervous system. Smoking is the preferred method of administration by users, though meth can also be snorted, injected, or taken orally. Methamphetamine's effects vary by means of administration and last eight to twelve hours per dose. Binging is common and can continue for days.

APPEARANCE

In Indiana, methamphetamine generally appears as a white or off-white, odiferous bitter powder. Two other highly pure forms resemble slivers of clear

ice (also known as glass) and chunks of rock candy (crystal, tweak, crank). Another form, a reddish-orange or green methamphetamine colored tablet, is also available, but is most prevalent in northern California and the Los Angeles area. In Indiana, meth costs Drug Enforcement Agency, 2005



USERS

about \$25 per hit.

Users of methamphetamine in Indiana range in age and status. Because of its ease of access and popularity, adolescents and adults of all ages, socioeconomic and educational background fall victim to it. Though most persons seeking treatment for meth are Caucasian, aged 25-44 years, there is an increase in numbers of younger users. Unaware of the true consequences of methamphetamine use, young adults use the drug to enhance physical and mental performance and also to lose weight.

INCIDENCE AND PREVALENCE

The National Survey on Drug Use & Health (NSDUH) found that from 2002 to 2003, meth use by 12-13 year olds doubled in all categories (lifetime, past year and past month), and that past month use by females ages 12-17 increased. Although more males use meth than females, the NSDUH found that in both 2002 and 2003 more females than males ages 12-17 were lifetime and past year users of meth. About 2% of high school seniors in the United States report monthly usage of the drug. In Indiana, adolescents living in a rural setting are more likely than their urban counterparts to use it. In 2004, 1,549 methamphetamine laboratories were seized in Indiana, a 19% increase from 2003 and a 57% increase from 2002.

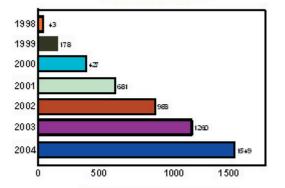
ACOUIRED

Methamphetamine can be imported or cooked in clandestine labs. Farming chemicals and other household products are the primary ingredients, resulting in a drug that is poisonous and easily accessible. Recipes for a number of varieties are readily available on the Internet.

EFFECTS OF METHAMPHETAMINE **ON CHILDREN**

Children are often innocent victims of the drug. Children who live with meth-using parents suffer from neglect and abuse, and their presence in the vicinity of meth production places them at risk

Methamphetamine Lab Busts State Totals



Source: Indiana State Police, 2005

of harmful chemical exposure, injury and even death. In Indiana from 2002 to 2004, 620 cases of children affected by meth were reported by the Indiana State Police. Hundreds of children are in foster and kinship care. The Office of National Drug Control Policy (ONDCP) ranked Indiana 4th in the nation for children affected by meth. Exposure to parental/familial use increases the likelihood that children and adolescents will become users of methamphetamine.

BEHAVIORAL AND PHYSIOLOGICAL **EFFECTS**

Frequently associated with violent and aggressive behavior, this highly dangerous drug detrimentally affects the brain and the respiratory, digestive, and circulatory systems. Most notably, the liver and kidneys. Short term effects include dilated pupils, temporary euphoria, tremors, paranoia, violent and aggressive behavior, and increased energy. Potential long-term effects include a movement disorder resembling Parkinson's disease, irreversible brain damage, stroke, respiratory difficulties, irregular heartbeat, seizures, skin ulcers, chronic fatigue, tooth loss, extreme anorexia, and death. Withdrawal leads to severe depression that can last for days or even

METHAMPHETAMINE

months.

IMPACT

The dangers, complexity, and cost of cleaning up/meth labs are taxing law enforcement and economic resources. From 2002 to 2004 there were 68 fires and explosions associated with meth labs in Indiana.

Methamphetamine threatens the health and well-being of Indiana's families and communities. Children and adolescents suffer the greatest hardships. The economic and social devastation of meth-affected families and communities has spurred Indiana citizens to urgently address its production, distribution, sale and abuse.

PREVENTION

Prevention efforts in Indiana include enforcement. educational campaigns and community activism. School officials, youth serving entities, community centers, and law enforcement agencies are applying evidence-based and theory-driven prevention, treatment, and enforcement strategies. Prevention efforts to combat use, production, and distribution of methamphetamine are vital to the social and economic well-being of Indiana citizens.

REFERENCES

Finnerty, B. (2004, November). Patterns and trends in methamphetamine abuse. Paper presented at the American Public Health Association 132nd Annual Meeting, Washington, DC.

National Drug Intelligence Center (2002, May). Indiana drug threat assessment. Retrieved November 12, 2003, from www.usdoj.gov/ndic/ pubso/660/.

National Institute on Drug Abuse (2005). Monitoring the Future: Overview of Key Findings 2003. Retrieved March 21, 2005, from http://www. monitoring thefuture.org/pubs/monographs/overview2003.pdf.

Phelps, D. Indiana State Police, Interview, 2005.

Radanovich, G. (n.d.). Congressional caucus fight and control Methamphetamine. Retrieved November 23, 2003, from www.radanovich. house.gov/meth/w3cstats.htm.

Substance Abuse and Mental Health Services Administration. (2004). Results

from the 2003 national survey on drug use and health: National findings (Office of Applied Studies, NSDUH Series H-25, DHHS Publication No. SMA 04-3964). Rockville, MD

Substance Abuse and Mental Health Services Administration (2004, September). The DASIS report, Primary Methamphetamine/Amphetamine Treatment Admissions: 1992-2002. Retrieved March 18, 2005, from http://www.oas.samhsa.gov/2k4/methTX/methTX.htm

U.S. Drug Enforcement Administration (2003). Methamphetamine: Preventing the Retail Diversion of Pseudoephedrine. Retrieved March 21, 2005, from http://www.deadiversion.usdoj.gov/pubs/brochures/pseudo/ pseudo_trifold.pdf.

Wermuth, L. (2000). Methamphetamine use: Hazards and social influences. o Journal of Drug Education, 30(4), 423-33.

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